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THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

FILED

PH

12/8/2014

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

CORTez LYONS

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

A. Vergara

W. Shevlin

LT. C. Best

Jerry Baldwin

Warden Tarry Williams

Director Salvador Godinez

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

14 C 9564

Judge James B. Zagel
Magistrate Jeffrey Cole

CHECK ONE ONLY:

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: CORTez LYONS
- B. List all aliases: NONE
- C. Prisoner identification number: R47483
- D. Place of present confinement: Stateville
- E. Address: P.O. Box 112 Joliet, IL 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- | | | | |
|----|--|---|----------------------------|
| A. | Defendant: <u>A. Vergara</u> | } | <u>D. Jerry Baldwin</u> |
| | Title: <u>Officer</u> | | <u>Hearing Officer</u> |
| | Place of Employment: <u>Stateville</u> | | <u>Stateville</u> |
| B. | Defendant: <u>W. Shevlin</u> | } | <u>E. Tarry Williams</u> |
| | Title: <u>Officer</u> | | <u>Warden</u> |
| | Place of Employment: <u>Stateville</u> | | <u>Stateville</u> |
| C. | Defendant: <u>Charles Best</u> | } | <u>F. Salvador Gadinéz</u> |
| | Title: <u>LT.</u> | | <u>Director</u> |
| | Place of Employment: <u>Stateville</u> | | <u>Stateville</u> |

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Cortez Lyons v Ronald Ledvora et al
14-CV-1587
- B. Approximate date of filing lawsuit: Feb 2014
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: NONE
- D. List all defendants: Ronald Ledvora, MD David Blatt, MD
Pamela Humphries, RN Thomas Dart
Avery Hart, MD
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): U.S. Northern District of IL, Eastern Division
- F. Name of judge to whom case was assigned: James B. Zagel
- G. Basic claim made: Deliberate indifference
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending
- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

- (1) 4-24-14 While being housed at Stateville NRC Me and my cellmate Hector Santiago were playing cards, we got into a argument and Santiago choked me and pressed me against the wall and stabbed me with a pen, so I defended myself. (2) Officer A. Vergara interviewed me and I told him what happened with the altercation between me and Santiago, Officer Shevlin wrote me a disciplinary ticket for fighting and assault, but Shevlin only wrote Santiago a ticket for fighting. (3) 4-25-14 I was transferred to Stateville F-House segregation and placed in cell 153. At this time I was denied T-shirt's, socks, underwear, bath towels, and sheet's. (4) 5-5-14 LT. Best and Jerry Baldwin heard my disciplinary ticket. I explained to them that my cellmate attacked me, choking me, pressing me against the wall and that he stabbed me with a pen, I told them that I never assaulted anyone, and that Santiago was bigger and stronger than me, and that I defended myself to get him off of me. (5) 5-5-14 LT. Best and Jerry Baldwin gave me a one year segregation term and Santiago received 30 days. (6) Two month's after being in F-House segregation I was moved in cell 144 and the inmate that was there before me left two old dirty yellow sheet's. I started using the old dirty sheet's because I didn't have any even though they broke my face out. I was never given T-shirt's, socks, underwear, bath towels or sheet's.

(7)

8-18-14 I was moved to cell 137. During this four month period of being in E-house segregation I sent in over ten clothing room request slips for t-shirt's, sock, underwear, bath towels, and sheets. I asked LT. Sullivan for these items over ten times. He continued to say that they didn't have these items. ⁽⁸⁾ 8-19-14 I sent an emergency grievance to warden Tarry Williams. (see exhibit (1)). In this grievance I complained about the fact that I was being denied T-shirt's, socks, underwear, bath towels, and sheet's. I complained that I had sent in request slips and talked to LT. Sullivan several times since I've been in segregation, a total of four months. ⁽⁹⁾ 9-5-14 Warden Tarry Williams denied my grievance and I exhausted my grievance to the administrative review Board. (see exhibit (1)). 9-10-14 the administrative review Board denied my grievance. (see exhibit (2)). ⁽¹⁰⁾ 8-19-14 I sent a emergency grievance to warden Tarry Williams complaining about the fact that I never assaulted anyone, and that I defended myself when I was attacked by my cellmate, and that I received a year and Santiago received 30 days. (see exhibit (3)). ⁽¹¹⁾ 9-5-14 Warden Tarry Williams denied my grievance. (see exhibit (3)). I exhausted my grievance to the administrative review Board, they denied my grievance. (see exhibit (4)). ⁽¹²⁾ Sept 2014, I requested a segregation time reduction and was denied 9-9-14. (see exhibit (5)). 9-18-14 I was denied. (see exhibit (6)). LT. Best denied my segregation time reduction both times. ⁽¹³⁾ 9-17-14 I sent a emergency grievance to warden Tarry Williams complaining about the fact that my cell was hazardous, and that my cell was infested with roaches, spiders, earwigs, and that I had to sleep with tissue in my ear because I feared waking up with a bug in my ear because my old cellie had a roach removed from his ear. (see exhibit (7)). This caused me to loose sleep. ⁽¹⁴⁾ I complained that my cell had pest infestation) mice.

I complained about the fact that there ~~was~~^{was} shedded paint, mold and rust around the sink and that the water was yellow. See exhibit (7). During this time I suffered coughing sneezing and my face broke out in hives. See exhibit (12).⁽¹⁵⁾ 9-22-14 warden Tarry Williams denied my grievance. See exhibit (7). I exhausted my grievance to the administrative review board, they denied my grievance. See exhibit (8).⁽¹⁶⁾ 9-5-14 I wrote a letter to Director Salvador Godínez along with a affidavit explaining the fact that I never assaulted anyone, that I defended myself when my cellmate attacked me. I asked for a segregation time reduction because I received a one year segregation term and my cellmate received 30 day for the same incident. Director Godínez never responded to my letter.

(17) 9-5-14 I wrote a letter and a affidavit to warden Tarry Williams explaining that I never assaulted anyone, that I received a one year segregation term and the other party that attacked me received 30 days. I explained the fact that I was defending myself, and I asked for a segregation time reduction, warden Tarry Williams denied my request. See exhibit (10).⁽¹⁸⁾ 9-17-14 my cellmate Jamal Sharif wrote a affidavit to the fact he witnessed me being denied T-shirt, socks, underwear, bath towels, sheets, after pleading with Ct Sullivan and other staff members and sending in clothing room request slips. And that he (Jamal Sharif) had to give me a pair of his underwear and a T-shirt because I was being denied clothing.⁽¹⁹⁾ 9-25-14 my cellmate Jamal Sharif wrote a affidavit to the fact that our cell 137 was dilapidated, mold ritten, bug and pest infested, and yellow water. See exhibit (11) and (12) for the last two paragraphs.

(20) Due to the fact's stated above, my constitutional 14th and 8th amendment right's have been violated in this matter by the defendant's mentioned in this complaint.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

- (A) compensatory and punitive damages in an amount to be determined at trial.
- (B) AN Award of cost And reasonable attorney Fees.
- (C) Such other and Further relief as this court deems just and proper.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this November day of 15th, 20 14

Cortez Lyons

(Signature of plaintiff or plaintiffs)

CORTEZ LYONS

(Print name)

R47483

(I.D. Number)

P.O. Box 112 Joliet, IL 60434

(Address)

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: <u>8-19-14</u>		Offender: (Please Print) <u>CORTES LYONS</u>	ID#: <u>R247483</u>
Present Facility: <u>Stateville</u>		Facility where grievance issue occurred: <u>Stateville</u>	
NATURE OF GRIEVANCE:			
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input checked="" type="checkbox"/> Other (specify): <u>clothing</u>	
<input type="checkbox"/> Disciplinary Report: <u>1</u> / <u>1</u>		Date of Report: <u>8-19-2014</u>	
		STA# <u>2515</u>	Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if **EMERGENCY** grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): I am grieving the fact that I've been here in seg for almost four months without any underwear giving to me. I also don't have clean sheets. When I first came here LT. Sullivan gave me a mattress and a blanket. I asked him for underclothes T shirt, towels socks, boxers and clean sheets and stated that they don't have any of these things. I have sent in several clothing request slips and I've been constantly complaining to LT. Sullivan but I am still without these needed items. Being that I'm in seg they

Relief Requested: To be immediately provided with new clean sheets, and towels underclothes and monetary damages for my eight and fourteenth Amendment violation.

☒ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

[Signature] 8-19-14
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: <u>1</u> / <u>1</u> / <u>1</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____		
RECEIVED SEP 10 2014 OFFICE OF INMATE ISSUES		
Print Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW		
Date Received: <u>9, 4, 14</u>	Is this determined to be of an emergency nature?	
	<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
<u>Tary Willis</u> Chief Administrative Officer's Signature		<u>9, 5, 14</u> Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

I don't let us buy underclothes so I am currently being deprived of these items. I am using old dirty used bed sheets that are so badly damaged that they are not white they are the color of urine. These sheets were left in my cell by whomever was here before me. Being that I don't have my own clean sheets nor was I properly given sheets, I am forced to sleep on unreasonable sheets. My face is breaking out as a result of unclean used sheets and my allergies are bothering me.

10/14/14
11/14/14
12/14/14

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or CorrespondenceOffender: Lyons Last Name Cortez First Name MI ID# R47483Facility: Stateville CC☒ Grievance: Facility Grievance # (if applicable) _____ Dated: 8/19/14 or ☐ Correspondence: Dated: _____Received: 9/10/14 Date Regarding: Denied under clothes, sheets & towels the 4 months he's been in seg.

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide dates of disciplinary reports and facility where incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62706

No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☒ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ Date _____
- ☐ No justification provided for additional consideration.

Other (specify): _____

Completed by: Debbie Knauer
Print NameDebbie Knauer
Signature10/23/14
Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

F137

Date: 8-19-14	Offender: (Please Print) CORTER LYONS	ID#: R47483
Present Facility: Stateville	Facility where grievance issue occurred: Stateville NRC	

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify): _____

☒ Disciplinary Report: 4, 24, 14 AUG 21 2014 Stateville NRC

Date of Report Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): I am grieving the fact that according to the duration of my segregation sentence I am being held on a excessive term of one year seg. my two charges were Fighting And Assaulting Any Person. Upon Hearing my ticket I explain to LT, Best. that during a fight between me and my cellie being that I was being Pressed Against A wall and Choked by my cellie who was at least A hundred Pounds Heavier than I, I ONLY acted in Self defense and swung A ink pen at my cellie who was Choking me to get him off of me. LT, Best told me that

Relief Requested: I am ASKING For A seg time cut/reduction of my seg time or time served

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature: [Signature] ID#: R47483 Date: 8, 19, 14

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: / / ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: _____

RECEIVED
SEP 10 2014
OFFICE OF INMATE ISSUES

Print Counselor's Name _____ Counselor's Signature _____ Date of Response _____

EMERGENCY REVIEW

Date Received: 9, 4, 14 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature: [Signature] Date: 9, 5, 14

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

Since this was only a fight that I might be facing three months at the most. It is not fair that I received a year in seg for this. And the other individual didn't receive the same sentence as me. This is a violation of my eighth and fourteenth Amendment, cruel and unusual punishment. I am not able to properly handle my legal matters due to the fact that I'm on phone restriction and my visits are behind a glass as a result of my seg sentence. This was nothing other than a fight and I was only acting in self defense as I was being choked and pinned to the wall with my breath being taken away. I requested a seg time reduction and was denied. All I'm saying is that I've been in seg for four months and I've served enough time and that this punishment is unusual.

UNUSUAL

UNUSUAL

exhibit (4)

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

F108

Offender: Lyons Last Name Cortez First Name MI ID# R47483

Facility: Stateville CC

☒ Grievance: Facility Grievance # (if applicable) _____ Dated: 8/19/14 or ☐ Correspondence: Dated: _____

Received: 9/10/14 Date Regarding: Seg time

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☒ Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☒ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide dates of disciplinary reports and facility where incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:

Administrative Review Board
 Office of Inmate Issues
 1301 Concordia Court
 Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to:

Illinois Prisoner Review Board
 319 E. Madison St., Suite A
 Springfield, IL 62706

No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ Date _____
- ☐ No justification provided for additional consideration.

Other (specify): _____

Completed by: Debbie Knauer
Print Name

Debbie Knauer
Signature

10/23/14
Date

Exhibit (3)

ILLINOIS DEPARTMENT OF CORRECTION
REQUEST FOR SEGREGATION REDUCTION
STATEVILLE CORRECTIONAL CENTER

Date: 9-9-14
To: Lyons, Cortez Number: R47483 Location: F137
From: SEGREGATION UNIT ADJUSTMENT COMMITTEE

Your request for a reduction in segregation placement has been considered with the following result:

Your placement in segregations was on 4-24-14 due to violation of the following rules:

102 Assaulting any person-inmate / 301 Fighting

- ☐ Approved for release from segregation unit effective _____ when space becomes available
- ☐ Denied Disciplinary Ticket pending review for new additional rule violation(s).
- ☒ Denied. You may petition the Adjustment Committee again in 90 days per DR 504.

C. Burt
Adjustment Committee Chairman

N. [Signature]
Adjustment Committee Member

Warden's Signature / Date

I concur

I do not concur



Comments: _____

DISCIPLINARY RECORD ATTACHED ☐

WAD

ILLINOIS DEPARTMENT OF CORRECTION
REQUEST FOR SEGREGATION REDUCTION
STATEVILLE CORRECTIONAL CENTER

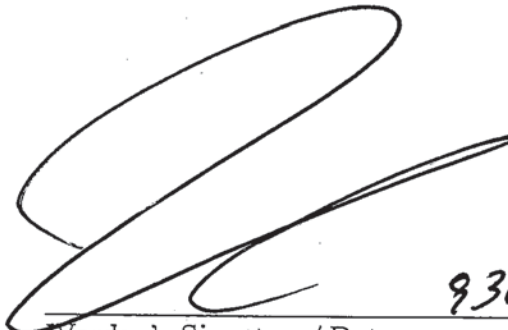
Date: 9-18-14
To: Lyons, Cortez Number: R47483 Location: F137
From: SEGREGATION UNIT ADJUSTMENT COMMITTEE

Your request for a reduction in segregation placement has been considered with the following result:

Your placement in segregations was on 4/24/14 due to violation of the following rules:

Assault Inmate, fighting

- ☐ Approved for release from segregation unit effective _____ when space becomes available
- ☐ Denied Disciplinary Ticket pending review for new additional rule violation(s).
- ☒ Denied. You may petition the Adjustment Committee again in 90 days per DR 504.


Warden's Signature / Date 9/30/14


Adjustment Committee Chairman


Adjustment Committee Member

I concur
I do not concur

☒
☐

Comments: _____

DISCIPLINARY RECORD ATTACHED ☐

Date: 9-17-14	Offender: (Please Print) <u>Cortez Lyons</u>	ID#: <u>R47483</u>
Present Facility: <u>Stateville</u>	Facility where grievance issue occurred: <u>Stateville</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input checked="" type="checkbox"/> Other (specify): <u>Living conditions</u>	

☐ Disciplinary Report: _____

GRIEVANCE OFFICE

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I am grieving The fact that my cell is infested with insect, Roaches spiders earwigs, other unidentified bugs. These bugs crawl in my sheets At night. I sleep with tissue in my ear because my old cellie Marvin Molina had a roach removed from his ear. I cant sleep without worrying About these bugs that are in my bed At night. A mouse is in and out of my cell every night. The mice climb on the counter looking for food. Sheded paint and paint chips are constantly falling off the wall. mold And rust have completely takeover the wall Around the sink where my drinking water comes out.

Relief Requested: I'm seeking To be moved to A reasonable living cell without the problems That exist here in this cell.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature: [Signature] ID#: R47483 Date: 9.17.14

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277.
RECEIVED		
OCT 9 2014		
Office Of: <u>[Signature]</u>		
Print Counselor's Name: _____	Counselor's Signature: _____	Date of Response: _____

EMERGENCY REVIEW	
Date Received: <u>9.22.14</u>	Is this determined to be of an emergency nature?
	<input type="checkbox"/> Yes; expedite emergency grievance
	<input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: <u>Tary Williams</u>	Date: <u>9.22.14</u>

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

This cell contains large amounts of mold and rust. I have head aches and feel very deprived of the right to an appropriate living cell. Sometimes the water is discolored (yellow) in the morning time. Inmates are constitutionally entitled to environmental conditions that do not pose serious risk to health and safety, including deficient sanitation, inadequate fire safety, inadequate ventilation and (pest infestation). See *Winning-EI v Long* 428 F.3d 923, 924-25 (7th Cir 2007). Unsanitary maintenance and pest and insect infestation is a on-going problem here in stateville F-house. This causes stress, and deprives inmates housed here to be free from being deprived of a reasonable living cell, especially being that the state IDOC claims to spend 29,000 a year on each inmate (not possible). I have constant head aches, vomiting, feeling sick when I drink this water.

EXHIBIT(8)

ILLINOIS DEPARTMENT OF CORRECTIONS

**Administrative Review Board
Return of Grievance or Correspondence**

P108

Offender: Lyons Last Name Cortez First Name MI ID# R47483

Facility: Stateville CC

☒ Grievance: Facility Grievance # (if applicable) _____ Dated: 9/17/14 or ☐ Correspondence: Dated: _____

Received: 10/9/14 Date Regarding: Conditions

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide dates of disciplinary reports and facility where incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62706

No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☒ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ Date _____
- ☐ No justification provided for additional consideration.

Other (specify): _____

Completed by: Debbie Knauer
Print Name

Debbie Knauer
Signature

10/29/14
Date

exhibit (9)

STATE OF ILLINOIS)
) SS
 COUNTY OF Will)

AFFIDAVIT

I, CORTÉZ LYONS being first duly sworn under oath depose and state that the foregoing is true and correct and made upon my personal knowledge and I am competent to testify thereto.

ON 4-24-14 I WAS ATTACKED BY MY CELLIE INMATE (SANTIAGO R42625) WHO WAS AT LEAST 100 POUNDS HEAVIER THAN I, ON 5-5-14 WHEN I HEARD MY TICKET I INFORMED LT. BEST THAT I ONLY ACTED IN SELFDEFENSE TO STOP THIS INDIVIDUAL FROM CHOKING ME. HE ATTACKED ME FIRST. I HAD TO GET HIM OFF OF ME, AS A RESULT OF THIS I AM BEING HELD IN SEGREGATION FOR ONE YEAR IN VIOLATION OF THE 14TH AMENDMENT EQUAL PROTECTION AND DUE PROCESS RIGHT. I NEVER ASSAULTED ANYONE. THE OTHER PARTY ONLY RECEIVED LESS THAN THIRTY DAYS. ACCORDING TO THE ADJUSTMENT COMMITTEE FINAL SUMMARY REPORT LT BEST WAS FULLY AWARE OF THE FACT THAT I WAS ATTACKED BY MY CELLIE AND THAT I WAS ONLY ACTING TO STOP HIM FROM HURTING ME. THIS WAS CLEARLY NOT AN ASSAULT. I STOPPED THIS INMATE (SANTIAGO) FROM HURTING ME, THIS REQUIRES A PENALTY LESS THAN A YEAR.

Pursuant to 28 USC 1746, 18 USC 1621 or 735 ILCS 5/109, I declare, under penalty of perjury, that I am a named party in the above action, that I have read the above documents, and that the information contained therein is true and correct to the best of my knowledge.

DATE: 9-2-14

1st: CORTÉZ LYONS
 NAME: CORTÉZ LYONS
 IDOC#: R47483
Stateville Correctional Center
 P.O. BOX 112
Joliet, IL 60434

Exhibit (10)



**Illinois
Department of
Corrections**

Pat Quinn
Governor

S. A. Godinez
Director

Stateville Correctional Center
Route 53, P.O. Box 112
Joliet, IL 60434

Telephone: (815) 727 -3607
TDD: (800) 526-0844

September 19, 2014

Inmate: Cortez Lyons – R47483 – F137

RE: Inmate Request

Dear Mr. Lyons:

This letter is being sent in response to your recent correspondence concerning a disciplinary issue.

All offenders are subject to Department Rules. You violated those rules and were administered discipline accordingly. Additionally you were afforded all of your constitutional protections in this matter.

I trust this is responsive to your inquiries.

Sincerely

A handwritten signature in black ink, appearing to read 'Tarry Williams'.

Tarry Williams
Warden

TW/jal
cc: File

STATE OF ILLINOIS)
COUNTY OF Will) SS

EXHIBIT (11)

AFFIDAVIT

I, Jamal Sharif being first duly sworn under oath depose and state that the foregoing is true and correct and made upon my personal knowledge and I am competent to testify thereto.

1. On August 18, 2014, inmate Cortez Lyons #A47983 moved into cell (13) with me in K-House. He had two dirty brownish color sheets that his last cell mate gave him because they never issue him any sheets coming here from NRC.

2. Lyons didn't have any underwear or T-shirts. So I give him a pair of my boxers short and a T-shirt. No matter how much he complained about not being given new sheets and underwear, towels, bath clothes, socks, etc. To STARR (A.W. Calloway, programs, Lt. Sullivan, Ms. Biered, Warden Terry Williams, etc.) He was denied six times, also right to purchase his own PRC commissary.

Pursuant to 28 USC 1746, 18 USC 1621 or 735 ILCS 5/109, I declare, under penalty of perjury, that I am a named party in the above action, that I have read the above documents, and that the information contained therein is true and correct to the best of my knowledge.

DATE: Sept. 17, 2014

1st: Jamal Sharif
NAME: CPA. Donald P. Jones, Sr.
IDOC#: A88447
Stateville Correctional Center
P.O. BOX 112
Joliet, IL 60439

EXHIBIT 12

STATE OF ILLINOIS)
 COUNTY OF Will) SS

AFFIDAVIT

I, Jamil Sharif being first duly sworn under oath depose and state that the foregoing is true and correct and made upon my personal knowledge and I am competent to testify thereto.

1. On August 18, 2014, Resident Cortez Lyons #247483 was moved out of R-144 to R-137 with me. Throughout the next couple of weeks, He developed a serious illness: Coughing and sneezing All day and Night. His face broke out in rashes repeatedly.

2. Cell R-137 is a dilapidated, mold-ridden, pest-ridden, roach-infested room. The rusty metal cabinet drop metal chips into the sink containing the water we drink and bathe in. Our drinking water is brown, yellow daily. Multi-color paint chips falls from ceiling on to my head, etc. The big man only sprays outside the cell, never inside. Roaches crawl into our beds daily. We go to bed with tissue in ears.

Pursuant to 28 USC 1746, 18 USC 1621 or 735 ILCS 5/109, I declare, under penalty of perjury, that I am a named party in the above action, that I have read the above documents, and that the information contained therein is true and correct to the best of my knowledge.

DATE: Sept. 25, 2014

Is/ Jamil Sharif
 NAME: IFKA Donald Nobles, Sr.
 IDOC#: A88907
Siouxville Correctional Center
 P.O. BOX 112
Joliet, IL 60434

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER WRITE-OUT
 Stateville Correctional Center

To the reader: This letter has been inspected for security purposes. This inspection is not verification of the offender's statements contained herein.

When sending funds to an offender by mail, you may only send money orders and/or cashier's checks; each must be in the denomination of \$50 or less. You may also send funds via Western Union (there is no limit to the \$ amount that you may send in this manner).

You may send or bring approved publications to the facility. Such items will be reviewed by the Publications Review Committee prior to being forwarded to the offender.

The mailing address for offenders at the main facility is: P.O. Box 112, Joliet, IL 60434. The address for those at the facility's Minimum Security Unit is: 20415 Division Street, Crest Hill, IL 60435.

Please include the offender's name and complete number on all correspondence, funds and publications that are mailed to the facility

NOTE

To

U.S. District Court Clerk
 Street

From

Cortez Lyons

R47483

Number

P.O. Box 112
 Joliet, IL 60434

City

State

Zip Code

Greetings, I am sending this note along with my 1983 Claim and Informa Pauperis. Due to the fact that I am currently in Stateville Segregation unit I don't have access to a copy machine.

Please make one copy of my 1983 Form for the Judge and the necessary copies for each defendant named in my claim. If there is a fee for the copies, please send me the amount in the mail and I will pay for them.

With that said, Thank you for your time and service

Cortez Lyons

[Signature]